



## Department of Veterans Affairs

## STATEMENT OF PERSON CLAIMING TO HAVE STOOD IN RELATION OF PARENT

**PRIVACY ACT INFORMATION:** The responses you submit are considered confidential, 38 U.S.C. 5701. They may be disclosed outside the Department of Veterans Affairs (VA) only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. The requested information is considered relevant and necessary to determine maximum benefits under the law. Information submitted is subject to verification through computer matching programs with other agencies. Income and employment information furnished by you will be compared with information obtained by VA from the Secretary of Health and Human Services or the Secretary of the Treasury under clause (viii) of section 6103 (1) (7) (D) of the Internal Revenue Code of 1986. Any information provided by you including your Social Security Number, may be used in matching programs conducted with any proceeding for collection of an amount owed the United States by virtue of your participation in any benefit program administered by VA.

**RESPONDENT BURDEN:** VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.

**INSTRUCTION:** ANSWER ALL QUESTIONS AS FULLY AS POSSIBLE. If you do not know the answer, enter "Unknown". For addition space, attach a SIGNED sheet of paper indicating the item number to which the answers apply. Parts II and III should each be filled in by a disinterested person who has PERSONAL KNOWLEDGE of the relationship which existed between the claimant and the veteran.

1. FIRST NAME - MIDDLE NAME - LAST NAME OF DECEASED VETERAN ( <i>Type or print</i> )	2. VA FILE NUMBER XC-/XSS
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## PART I - STATEMENT OF CLAIMANT

3A. NAME AND ADDRESS OF CLAIMANT ( <i>Including ZIP Code</i> )		3B. DAYTIME TELEPHONE NUMBER
		3C. EVENING TELEPHONE NUMBER
4. YOUR RELATIONSHIP TO VETERAN BY BLOOD OR MARRIAGE ( <i>Stepfather, Sister etc., if none state "None"</i> )	5A. CLAIMANT'S SOCIAL SECURITY NUMBER	5B. CLAIMANT'S DATE OF BIRTH
6A. ARE YOU MARRIED TO A PARENT OF THE VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO ( <i>If "Yes", complete 6B and 6C</i> )	6B. DATE OF MARRIAGE	6C. PLACE OF MARRIAGE

## INFORMATION RELATING TO VETERAN

7A. VETERAN'S DATE OF BIRTH	7B. VETERAN'S SOCIAL SECURITY NUMBER	8. PLACE OF BIRTH
9. DATE OF DEATH		10. PLACE OF DEATH
11A. NAME OF VETERAN'S OWN FATHER ( <i>If deceased, complete 11B</i> )		12A. NAME OF VETERAN'S OWN MOTHER ( <i>If deceased, complete 12B</i> )
11B. DATE OF DEATH OF VETERAN'S OWN FATHER		12B. DATE OF DEATH OF VETERAN'S OWN MOTHER
11C. ADDRESS OF VETERAN'S OWN FATHER, IF LIVING		12C. ADDRESS OF VETERAN'S OWN MOTHER, IF LIVING
13A. WAS VETERAN EVER MARRIED? <input type="checkbox"/> YES <input type="checkbox"/> NO ( <i>If "Yes", complete 13B and 13D</i> )		13B. FULL NAME OF SPOUSE
13C. DATE OF MARRIAGE		13D. ADDRESS OF SPOUSE, IF LIVING

## INFORMATION RELATING TO SURVIVING BROTHERS AND SISTERS OF VETERAN

14A. NAME	14B. AGE	14C. ADDRESS

INFORMATION RELATING TO RELATIONSHIP			
15A. DATE VETERAN WAS PLACED IN YOUR CUSTODY OR CARE	15B. NAME AND ADDRESS OF ORGANIZATION, INSTITUTION OR PERSON THAT PLACED THE VETERAN IN YOUR CUSTODY OR CARE		
<i>IMPORTANT - If you entered into a written agreement at the time veteran was placed in your custody or care, attach a copy of such agreement.</i>			
16. CIRCUMSTANCES OF YOUR OBTAINING CUSTODY OR CARE OF THE VETERAN ( <i>Explain fully</i> )			
17. NAME OF HEAD OF HOUSEHOLD IN WHICH YOU LIVED AT TIME YOU ASSUMED ALLEGED RELATIONSHIP OF PARENT TO VETERAN			
18A. NAME AND ADDRESS OF PERSON WHO PROVIDED VETERAN WITH A PLACE TO LIVE AFTER YOU ASSUMED ALLEGED RELATIONSHIP OF PARENT TO VETERAN	18B. PERIOD(S) OF TIME THIS PERSON FURNISHED VETERAN WITH A PLACE TO LIVE		18C. ADDRESSES AT WHICH VETERAN LIVED DURING PERIOD SHOWN IN ITEM 18B
	FROM	TO	
19A. DID YOU PROVIDE FOR SCHOOLING OR TRAINING OF VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO    ( <i>If "Yes", complete Items 19B, 19C and 19D</i> )			
19B. DATE		19C. NAME AND ADDRESS OF SCHOOL	19D. TYPE OF COURSE OR TRAINING TAKEN
FROM	TO		
20. APPROXIMATE AMOUNTS SPENT BY YOU FOR VETERAN'S SUPPORT, CLOTHING, SCHOOLING AND OTHER NECESSARY EXPENSES. ( <i>Explain fully</i> )			
ORGANIZATIONS, INSTITUTIONS, AND PERSONS THAT CONTRIBUTED TO VETERAN'S SUPPORT ( <i>If none, state "None"</i> )			
21A. NAME AND ADDRESS	21B. AMOUNT OF CONTRIBUTION	21C. PURPOSE	21D. DATE OF CONTRIBUTION
ORGANIZATIONS, INSTITUTIONS, OR PERSONS (INCLUDING VETERANS OWN PARENT(S) OTHER THAN YOURSELF THAT HAD CUSTODY OR CARE OF THE VETERAN AT ANY TIME ( <i>If none, state "None"</i> ))			
22A. NAME	22B. ADDRESS ( <i>If person is deceased, give date of death.</i> )		22C. DATES OF CUSTODY OR CARE ( <i>If exact dates are unknown give approximate dates</i> )

**INFORMATION RELATING TO RELATIONSHIP (Continued)**

23A. DID VETERAN CONTRIBUTE TO YOUR SUPPORT AT ANY TIME?

☐ YES    ☐ NO    (If "Yes", complete Item 23B)

23B. AMOUNT CONTRIBUTED AND CIRCUMSTANCES UNDER WHICH CONTRIBUTED (Explain fully)

**INFORMATION RELATING TO VETERAN'S EMPLOYMENT**

24A. WAS VETERAN EMPLOYED DURING PERIOD HE/SHE WAS IN YOUR CUSTODY OR CARE?

☐ YES    ☐ NO    (If "Yes", complete Items 24B, 24C and 24D)

24B. DATE OF EMPLOYMENT	24C. NAME AND ADDRESS OF EMPLOYER	24D. AMOUNT EARNED

25. DID THE VETERAN IN A NOTE, LETTER, DOCUMENT, INSURANCE POLICY OR ANY RECORD, REFER TO YOU AS A PARENT?

☐ YES    ☐ NO    (If "Yes", explain fully)

*IMPORTANT - Attach letters, notes, records or other evidence which tend to show the relationship which existed between you and the veteran. This evidence will be returned to you, if requested.*

26. OTHER FACTS WHICH SHOW THE RELATIONSHIP THAT EXISTED BETWEEN YOU AND THE VETERAN

**CERTIFICATE AND SIGNATURE OF CLAIMANT**

I CERTIFY that the foregoing statements are true and correct to the best of my knowledge and belief.

27. DATE	28. SIGNATURE OF CLAIMANT

**WITNESSES TO SIGNATURE OF CLAIMANT IF MADE BY "X" MARK**

NOTE: Signatures made by mark must be witnessed by two persons to whom the person making the statement is personally known, and the signatures and addresses of such witness must be shown below.

29. SIGNATURE OF WITNESS	30. ADDRESS OF WITNESS
31. SIGNATURE OF WITNESS	32. ADDRESS OF WITNESS

**PENALTY** - The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

**PART II - STATEMENT OF DISINTERESTED PERSON NO. 1***NOTE: Read Instructions on page 1 before filing in form.*

1. NAME AND ADDRESS OF DISINTERESTED PERSON (Type or print)	2. AGE	3. OCCUPATION
	4. YOUR RELATIONSHIP TO DECEASED VETERAN	
	5. LENGTH OF TIME YOU KNEW VETERAN	
6. YOUR RELATIONSHIP TO CLAIMANT	7. LENGTH OF TIME YOU HAVE KNOWN CLAIMANT	
8. WERE YOU IN A POSITION PERSONALLY TO OBSERVE THE CONDUCT AND ATTITUDE OF THE CLAIMANT AND THE VETERAN TOWARD EACH OTHER? <input type="checkbox"/> YES <input type="checkbox"/> NO    (If "Yes", explain fully your position to make these observations and give number of months or years you observed this relationship)		

9. FACTS BASED ON YOUR PERSONAL KNOWLEDGE WHICH SHOW WHETHER OR NOT CLAIMANT ACTED AS "PARENT" TO THE VETERAN (Explain in detail, giving facts relating to veteran's support, guidance, training, etc.)
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**INFORMATION RELATIVE TO PERIODS OF TIME VETERAN LIVED IN SAME HOUSEHOLD WITH CLAIMANT**

10A. DO YOU KNOW OF YOUR OWN KNOWLEDGE WHETHER THE VETERAN LIVED IN SAME HOUSEHOLD WITH THE CLAIMANT? <input type="checkbox"/> YES <input type="checkbox"/> NO    (If "Yes", complete Items 10B and 10C)		
10B. DATES		10C. ADDRESS
FROM	TO	

11. DO YOU KNOW OF YOUR PERSONAL KNOWLEDGE WHO SUPPORTED THE VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO    (If "Yes", explain in detail)
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12. DID ANY OTHER PERSONS STAND IN THE RELATIONSHIP OF PARENT TO THE VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO    (If "Yes", explain fully)
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**PART II - STATEMENT OF DISINTERESTED PERSON NO. 1 (Continued)**

13. WHAT IS THE MEANS OF YOUR KNOWLEDGE OF THE INFORMATION FURNISHED IN ITEMS 9 THROUGH 12?

14. PLACES WHERE YOU LIVED, AND DATES OF EACH RESIDENCE, DURING PERIOD CLAIMANT ALLEGED CUSTODY OR CARE OF VETERAN

**CERTIFICATE AND SIGNATURE OF DISINTERESTED PERSON**

I CERTIFY that the foregoing statements are true and correct to the best of my knowledge and belief.

15. DATE

16. SIGNATURE OF DISINTERESTED PERSON

**WITNESSES TO SIGNATURE OF DISINTERESTED PERSON IF MADE BY "X" MARK**

NOTE: Signatures made by mark must be witnessed by two persons to whom the person making the statement is personally known, and the signature and addresses of such witnesses must be shown below.

17. SIGNATURE OF WITNESS

18. ADDRESS OF WITNESS

19. SIGNATURE OF WITNESS

20. ADDRESS OF WITNESS

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**PART III - STATEMENT OF DISINTERESTED PERSON NO. 2**

NOTE: Read Instructions on page 1 before filling in form.

1. NAME AND ADDRESS OF DISINTERESTED PERSON (Type or print)

2. AGE

3. OCCUPATION

4. YOUR RELATIONSHIP TO DECEASED VETERAN

5. LENGTH OF TIME YOU KNEW VETERAN

6. YOUR RELATIONSHIP TO CLAIMANT

7. LENGTH OF TIME YOU HAVE KNOWN CLAIMANT

8. WERE YOU IN A POSITION PERSONALLY TO OBSERVE THE CONDUCT AND ATTITUDE OF THE CLAIMANT AND THE VETERAN TOWARD EACH OTHER  
☐ YES ☐ NO (If "Yes", explain fully your position to make these observations and give number of months or years you observed this relationship)

9. FACTS BASED ON YOUR PERSONAL KNOWLEDGE WHICH SHOW WHETHER OR NOT CLAIMANT ACTED AS "PARENT" TO THE VETERAN (Explain in detail, giving facts relating to veteran's support, guidance, training, etc.)

**PART III - STATEMENT OF DISINTERESTED PERSON NO. 2 (Continued)****INFORMATION RELATIVE TO PERIODS OF TIME VETERAN LIVED IN SAME HOUSEHOLD WITH CLAIMANT**

10A. DO YOU KNOW OF YOUR OWN KNOWLEDGE WHETHER THE VETERAN LIVED IN SAME HOUSEHOLD WITH THE CLAIMANT?

☐ YES ☐ NO (If "Yes", complete Items 10B and 10C)**10B. DATES**

FROM

TO

**10C. ADDRESS**

11. DO YOU KNOW OF YOUR PERSONAL KNOWLEDGE WHO SUPPORTED THE VETERAN?

☐ YES ☐ NO (If "Yes", explain in detail)

12. DID ANY OTHER PERSONS STAND IN THE RELATIONSHIP OF PARENT TO THE VETERAN?

☐ YES ☐ NO (If "Yes", explain fully)

13. WHAT IS THE MEANS OF YOUR KNOWLEDGE OF THE INFORMATION FURNISHED IN ITEMS 9 THROUGH 12?

14. PLACES WHERE YOU LIVED, AND DATES OF EACH RESIDENCE, DURING PERIOD CLAIMANT ALLEGED CUSTODY OR CARE OF VETERAN

**CERTIFICATE AND SIGNATURE OF DISINTERESTED PERSON**

I CERTIFY that the foregoing statements are true and correct to the best of my knowledge and belief.

15. DATE

16. SIGNATURE OF DISINTERESTED PERSON

**WITNESSES TO SIGNATURE OF DISINTERESTED PERSON IF MADE BY "X" MARK**

NOTE: Signature made by mark must be witnessed by two persons to whom the person making the statement is personally known, and the signatures and addresses of such witnesses must be shown below.

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18. ADDRESS OF WITNESS

19. SIGNATURE OF WITNESS

20. ADDRESS OF WITNESS

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